

MAINTAIN RESERVED FOR DURING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PER.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 197
Registered No. 200

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. Gila County, Ariz. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Anna May Hastetter { If child is not yet named, make supplemental report, as directed.

3. Sex of Child f. To be answered ONLY } 4. Twin, triplet or other _____
In event of plural } 5. No., in order of birth 2
births. } 6. Legitimate? yes
7. Date of birth Oct. 29. 1928
Month Day Year

8. FATHER
Full name Ruthie Hastetter
9. Residence (Usual place of abode) Chesapeake
If non-resident, give place and state. Ariz.
10. Color or race W.
11. Age at last birthday 39 (Years)
12. Birthplace (city or place) Kansas
(State or country)
13. Occupation mining
Nature of industry engineer

14. MOTHER
Full maiden name Mary Bixby
15. Residence (Usual place of abode) Chesapeake
If non-resident, give place and state. Ariz.
16. Color or race W.
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Seattle
(State or country) Wash.
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 45

I hereby certify that I attended the birth of this child, who was born alive at 5 p. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. G. Hunter, M.D.
Herbe, Ariz. (Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year _____
Registrar _____
Filed 11/8, 1928 E. E. Wightman Registrar

189-1029-428